STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

TO: City of Huron
P.O. Box 339
Huron, CA 93734

Water System No. 1010044

Attn: Jack Castro, City Manager

CITATION NO. 03-23-17C-066

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL and SECTION 64424 (a) (1)- Repeat Sampling

March and May 2017

Issued on July 17, 2017

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues this citation (hereinafter "Citation") pursuant to Section 116650 of the California Health and Safety Code (hereinafter "CHSC") to the City of Huron (hereinafter, "City") (mailing address: P.O. Box 339, Huron, CA 93234) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

APPLICABLE AUTHORITIES

Section 116650 of California Health and Safety Code provides:

(a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

(e) The Division may assess a penalty in an amount not to exceed one thousand dollars ($1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

California Code of Regulations, Title 22, Section 64426.1, subsections (a) and (b) provide, in relevant part:

Section 64424- Repeat Sampling

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.

(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.

§64426.1. Total Coliform Maximum Contaminant Level (MCL).

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Division or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive

Revised Total Coliform Rule

Beginning April 1, 2016, all public water systems need to comply with California's existing Total Coliform Rule (TCR) as well as the new requirements in the federal Revised Total Coliform Rule (rTCR), until California can complete the regulatory adoption process for the rTCR. Under the Federal rTCR, a water system which exceeds the current Total Coliform MCL must also conduct a Level 1 Assessment. The completed assessment must be submitted to our office within 30 days of the exceedance. Additionally, a water system in which a second Level 1 Assessment is triggered within a rolling 12-month period must conduct a Level 2 Assessment.

STATEMENT OF FACTS

The Division is informed and believes that the City of Huron is a community water system that has two parallel surface water treatment plants with a capacity of 1,450 gpm. Treated water is stored and distributed via two tanks. Raw water enters the City's water treatment plant via Westlands Water District (WWD). The City serves a community with a population of 7306 through 876 connections.

The City is operated under Water Supply Permit No. 03-23-10P-005 that was amended May 23, 2016 (03-23-16PA-005).

Bacteriological Monitoring and Reporting Violation

The City of Huron collected 12 distribution bacteriological samples for the month of March 2017. During the month of March 2017, the City collected a routine bacteriological sample on March 28, 2017. No repeat samples were collected in follow-up. Section 64424(a)(1) of Title 22, California Code of Regulations specifies that a public water system which normally collects one or fewer samples per month shall collect a repeat sample set consisting of at

least four samples whenever a routine bacteriological sample is determined to be total coliform-positive.

Violation of the Total Coliform Rule Maximum Contaminant Level

The City is required to collect a minimum of seven (7) distribution system bacteriological samples per month. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in three (3) of at least twenty-three (23) distribution samples and one (1) source sample collected during the month of May 2017. None of the positive samples reported showed the presence of fecal coliform or *E. coli* bacteria.

The following table summarizes the reported bacteriological monitoring conducted during the month of May of 2017.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
5/2/2017	3	Routine Distribution	0	0
5/9/2017	3	Routine Distribution	3	0
5/12/2017	10	Repeats (Distribution and Source Samples)	0	0
5/16/2017	3	Routine Distribution	0	0
5/23/2017	3	Routine Distribution	0	0
5/30/2017	3	Routine Distribution	0	0

Due to the above-mentioned total coliform positive samples, the City has failed the total coliform MCL for the month of May 2017. The Groundwater Rule adopted by the Division, effective August 18, 2011, requires the collection of a sample for bacteriological evaluation

from wells serving the system in response to a coliform positive distribution sample. This system is a surface water system. The City collected raw water samples from the aqueduct every week in the month of May 2017. A summary of all bacteriological testing results conducted during March and May 2017 is included here as Attachment A.

DETERMINATION

Based on the above Statement of Facts, the Division has determined that the City of Huron has failed to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). The Water System has failed to comply with the total coliform Maximum Contaminant Level (MCL) for the month of May 2017.

ASSOCIATED VIOLATIONS

The City of Huron collected 12 distribution bacteriological samples for the month of March 2017. During the month of March 2017, the City collected a routine bacteriological sample on March 28, 2017. No repeat samples were collected in follow-up.

Additionally, the City has failed to comply with the following Section 64424 of Title 22, CCR:

Section 64424(a) specifies that if a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in Sections 64424(a)1 and 64424(b) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour period.

Section 64424(a)(1) of Title 22, California Code of Regulations specifies that a public water system which normally collects one or fewer samples per month shall collect a repeat sample set consisting of at least four samples whenever a routine bacteriological sample is determined to be total coliform-positive.

NOTIFICATION REQUIREMENTS

Title 22, CCR, Section 64426.1(c) requires a public water system to notify the Division and the consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) occurs. Notification to the Division shall be by the end of the business day on which the violation has been determined. If the Division is closed, notification shall be within 24 hours of the determination. The Division was notified in accordance with the above-referenced section.

A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health effects language from Appendix 64465-A for a total coliform MCL failure.

Section 64463.4 allows community water systems to use mail or direct delivery to each customer and the use of one or more of the following methods: publication in a daily or weekly newspaper, posting the public notice in a conspicuous public place within the water system or on the internet, or by delivery to community organizations.

The Water System shall either mail or conduct direct delivery of the public notice to all customers served within the general service area. Section 116450(g) requires that upon receipt of notification from a public water system, schools must notify school employees, students, and parents (if the students are minors), residential rental property owners or managers (including nursing homes and care facilities) must notify their tenants and business property owners, managers or operators must notify employees of businesses located on the property. These secondary notification requirements are included in the public notice. The Water System has completed the necessary public notification and investigation.

DIRECTIVES

1. The City shall collect repeat samples as required by Section 64424 and as discussed in this Citation whenever a routine sample is positive for total coliform bacteria.

The State Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon City of Huron, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The Directives of this Citation are severable, and City of Huron shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the Division to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Division to take

action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Division; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the Division. The Division does not waive any further enforcement action by issuance of this citation.

7/17/17
Date

Jose Robledo, P.E.
District Engineer
Division of Drinking Water
State Water Resources Control Board

Attachments:
A. Bacteriological Monitoring Report
B. Copy of Public Notice Template
C. Copy of Proof of Public Notification
D. Copy of the Level 1 Assessment Form

Certified Mail Tracking Number: 7015 1660 0000 0781 9791

Bacteriological Distribution Monitoring Report

1010044 Huron, City of — **Distribution System Freq: 7/M**

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
5/10/2016	8:10	36333 Mouren	P	A		Routine	1.58		
5/12/2016	10:55	36200 N. Giffen Dr.	A	A		Repeat	1.39		
5/12/2016	11:05	36323 P. Street	A	A		Repeat	1.07		
5/12/2016	14:50	Sample Site #3	A	A		Repeat	1.89		
5/24/2016	7:55	36333 Mouren	P	A		Routine	1.21	MCL	*Issued Citation No. 03-23-16C-036 on 7/26/16 for TCR MCL for May and July 2016.*
5/27/2016	13:50	36200 Giffen Dr.	A	A		Repeat	1.09		
5/27/2016	14:00	36332 PSP	A	A		Repeat	1.04		
5/27/2016	14:10	Plant finish water	A	A		Repeat	--		
5/31/2016		10 Samples	A	A		Routine	1.02-2.17		
6/30/2016		15 samples	A	A		Routine	0.99-1.66		
7/6/2016	13:45	36311 Lassen Ave.	A	A		Routine	1.03		
7/6/2016	13:55	36333 Mouren	P	A		Routine	1.57	MCL	*Issued Citation No. 03-23-16C-036 on 7/26/16 for TCR MCL for May and July 2016.*
7/6/2016	14:05	36951 Lassen Ave.	P	A		Routine	1.09		
7/8/2016	14:15	Source water	A	A		Source Repeat	1.3		
7/8/2016	14:30	Sample Site #3	A	A		Repeat	1.50		
7/8/2016	14:40	36200 N. Giffen Dr.	A	A		Repeat	1.42		
7/8/2016	14:50	36332 P. St	A	A		Repeat	1.35		
7/8/2016	15:00	Sample Site #1	A	A		Repeat	1.15		
7/8/2016	15:10	36905 Lassen Ave.	A	A		Repeat	1.20		
7/8/2016	15:25	17116 Tornado Ave.	A	A		Repeat	1.11		
7/13/2016	7:42	36617 Central Ave.	A	A		Routine	1.49		
7/13/2016	7:55	17094 Myrtle Ave.	A	A		Routine	1.64		
7/13/2016	8:08	17273 Myrtle Ave.	A	A		Routine	1.20		
7/20/2016	7:45	36951 Lassen Ave.	1.1	<1.1		Routine	1.39		
7/20/2016	8:05	Sp3 36333 Mouren	<1.1	<1.1		Routine	1.19		
7/20/2016	8:25	Sp5 36311 Lassen Ave.	<1.1	<1.1		Routine	1.30		
7/22/2016	15:07	Sp1 36951 Lassen Ave	<1.1	<1.1		Repeat	1.02		
7/22/2016	15:15	36905 Lassen Ave.	<1.1	<1.1		Repeat	1.31		
7/22/2016	15:30	17116 Tornado Ave.	<1.1	<1.1		Repeat	1.40		
7/27/2016	8:20	Sp2-16916 5th st	<1.1	<1.1		Routine	1.51		
7/27/2016	8:35	Sp4-17094 Myrtle Ave.	<1.1	<1.1		Routine	1.60		
7/27/2016	8:47	SP6 17273 Myrtle Ave.	<1.1	<1.1		Routine	1.25		
8/31/2016		15 samples	<1.1	<1.1		Routine	1.26-2.76		
9/7/2016	8:30	17273 Myrtle Ave.	1.1	<1.1		Routine			
9/9/2016	15:00	36724 Granola Ave	<1.1	<1.1		Repeat			
9/9/2016	15:36	36711 Orange Ave	<1.1	<1.1		Repeat			
9/9/2016	15:59	17273 Myrtle Ave.	<1.1	<1.1		Repeat			
9/30/2016		11 samples	<1.1	<1.1		Routine	1.28-2.2		
10/31/2016		12 samples	<1.1	<1.1		Routine	1.31-2.10		
11/30/2016		15 samples	<1.1	<1.1		Routine	1.27-2.01		
12/31/2016		12 samples	<1.1	<1.1		Routine	1.25-2.21		
1/31/2017		12 samples	<1.1	<1.1		Routine	1.21-2.22		
2/28/2017		15 rou samples	<1.1	<1.1		Routine	0.20-2.10		
3/28/2017	11:35	17276 Myrtle Ave.	1.0	<1		Routine	1.46	MR5	
3/31/2017		11 samples	<1.1	<1.1		Routine	1.21-2.01		
4/30/2017		12 Samples	<1.1	<1.1		Routine	1.5-2.01		

Sample Date	*Time*	*Location*	*T Coli*	*E Coli*	*F Coli*	*Type*	*Cl2*	*Violation*	*Comment*
5/9/2017	10:30	16916 5th St. HB	1.1	<1.1		Routine	1.93		
5/9/2017	10:45	17097 Crocker HB	1.1	<1.1		Routine	1.71	MCL	
5/9/2017	10:55	17273 Myrtle Ave. HB	2.2	<1.1		Routine	1.60		
5/12/2017		9 Samples	<1.1	<1.1		Repeat	1.59-1.89		
5/12/2017	7:30	Source Water	<1	<1		Source Repeat	2.31		
5/31/2017		12 Samples	<1.1	<1.1		Routine	1.34-1.95		

Violation Key

MCL	Exceeds the maximum contaminant level
MR1	No monthly sample for the report month
MR2	No quarterly sample for the report month
MR3	Incorrect number of routine samples for the report month
MR4	Did not collect 5 routine samples for previous month's positive sample
MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR6	No source sample
MR7	No summary report submitted
MR8	Other comments and/or info
MR9	Cl2 not reported

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The City of Huron Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 21 samples to test for the presence of coliform bacteria in May 2017. **3** of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

Contamination can easily occur with collection and analytical testing of coliform samples. Outside sources such as wind could blow containments into the sample bottle resulting in a false positive. Proper collection procedures must be maintained regardless of the environment. Steps the City has taken include the City's water operators completed proper sampling technique training. Each sample site has been evaluated for possible outside contamination. All older sample sites have been replaced with new ones. Staff will continue flushing lines on a regular scheduled basis.

For more information, please contact Dennis Longhofer at 775 781-6758 or 16465 9th Street, Huron, CA 93234.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, or OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by the City of Huron Date distributed: June 2, 2017

Attachment C

Certification of Completion of Public Notification

This form, when completed and returned to the Division of Drinking Water - Fresno District (265W. Bullard Ave. #101, Fresno, CA 93704 or fax to 559-447-3304), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463-64465.

Public Water System Name: City of Huron

Public Water System No.: 1010044

Public notification for failure to comply with the TCR MCL for May 2017

was performed by the following method(s) (check and complete those that apply):

☑ The notice was mailed to users on: June 2, 2017
  ☑ A copy of the notice is attached.

☐ The notice was hand delivered to water customers on: _____
  ☐ A copy of the notice is attached.

☐ The notice was published in the local newspaper on: _____
  ☐ A copy of the newspaper notice is attached.

☑ The notice was published in conspicuous places on: May 31, 2017
  ☐ A copy of the notice is attached.
  ☐ A list of locations the notice was posted is attached.

☐ The notice was delivered to community organizations on: _____
  ☐ A copy of the notice is attached.
  ☐ A list of community organizations the notice was delivered to is attached.

I hereby certify that the above information is factual.

Dennis Longhofer
Printed Name

PW Director
Title

Dennis Longhofer
Signature

6-8-17
Date

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars ($5,000) for separate violation each day that the violation continues. In addition, the violators may be prosecuted in criminal court and, upon conviction, be punished by a fine of not more than $25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisionment.

Due to the Division of Drinking Water within 10 days of issuance of notice to customers

System Number: 1010044
Enforcement Action No. _____

City of Huron

May 31, 2017

TCR MCL

Public Notice

Posting Locations

City of Huron City Hall
36311 Lassen Avenue
Huron, CA 93234

US Post Office
36100 Lassen Avenue
Huron, CA 93234

Huron Branch Library
36050 O Street
Huron, CA 93234

United Health Center
16928 11th Street
Huron, CA 93235

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT-SURFACE WATER

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.**

CALIFORNIA Water Boards

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: 1010044 System Type: Surface Water Treatment Plant	Name: City of Huron Water System	System Address & Email: P.O. Box 339 Huron, CA 93234	Telephone Number
Operator in Responsible Charge (ORC)	Dennis Longhofer		775 781-6758
Person that collected TC samples	Nick Escandon Joey Escrupulo		559 804-9285 559 707-9442
System Owner	City of Huron		559 945-2241
Certified Laboratory for Microbiological Analyses	BC Lab		800 878-4911
Date Investigation Completed: 6/1/17			
Month(s) of Coliform Treatment Technique Trigger: May 2017			

INVESTIGATION DETAILS

SOURCE – RAW SURFACE WATER	(Name)	COMMENTS (attach additional pages if needed)
	CA Aqueduct Lateral 23-R	
1. Inspect the surface water intake for physical defects and report findings	Yes	Everything appeared good
2. Is the intake secured to prevent unauthorized access?	Yes	
3. To what treatment plant (name) is the water supplied from this intake?	Water Treatment Plant #2	
4. How often do you collect a total coliform (TC) sample from the raw water?	Weekly	
5. Provide the date and result of the last TC test at this location	5/16/17 TC Density- 440 MPN/100	Confirmed TC – 73
6. Any additional observation (unusual condition, etc.)?	None	

TREATMENT	PLANT (NAME)	COMMENTS (attach additional pages if needed)
	Water Treatment Plant #2	
PRE-FILTRATION TREATMENT		
1. Do you provide any treatment prior to filtration?	Yes	
2. If yes, specify type of treatment provided.	Coagulation, flocculation & clarification	
3. Did you experience any problems with the pre-filtration treatment when the coliform treatment trigger occurred? If yes, specify.	No	
4. Do you provide pre-chlorination?	Yes	Rarely- Once every 3-4 months for algae control
5. Specify the point of pre-chlorination?	Flocculation chamber	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

TREATMENT	PLANT (NAME) Water Treatment Plant #2	COMMENTS (attach additional pages if needed)
6. Was the chlorination system working properly when the coliform treatment trigger occurred?	Yes	
7. Have you recently changed the pre-chlorination dosage?	No	
8. Any additional observation, information?	None	Everything appeared to be in normal operation.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

FILTRATION TREATMENT		COMMENTS
1. What kind of filters do you have (Pressure or Gravity, Media specifications)	Gravity	
2. How many filters are there?	Two	
3. What is the capacity of each filter in gpm?	450 gpm	
4. What is the capacity of the treatment plant in gpm?	900 gpm	
5. What is the filter loading rate for each filter (gpm per sq. ft.)?	7.44 gpm/ft^2	
6. How many filters were in service when the coliform treatment trigger occurred?	Two	
7. Did any filter experience any operational problems when the trigger happened?	No	
8. Did you experience any problems with the filter backwashing process?	No	
9. Did the combined effluent from the treatment plant experience any turbidity failures or levels above normal values when the coliform treatment trigger occurred?	No	
10. Did any individual filter exceed the turbidity standard when the coliform treatment trigger occurred?	No	
11. How often do you backwash your filters? Is it based on a timer or effluent turbidity?	Approximately every 20 hours	With high turbidity, flow goes to waste and goes to normal flow if there was a spike. Backwashes are done manually.
12. Are the filters backwashed with treated water? Specify backwash rate and duration.	Yes 1800 gpm for 12 minutes	
13. When was the last time you inspected your filter media?	February 2016	
14. When was the last time you changed your filter media?	2004	Added anthracite February 2016
15. Did you notice any mud balls in the filters when you last inspected your filters?	No	
16. Were alarms and/or auto shutdowns properly set or functioning?	Yes	
If No, please explain.		
17. Any additional observation, information?	Nothing unusual	
CHLORINATION TREATMENT		
1. What kind of disinfectant do you add?	Hypochlorite	
2. Where do you add the disinfectant (specify location)?	Water treatment plant filter effluent before clear well	
3. What was the chlorine residual in the treatment plant effluent?	2.90 mg/l	
4. What was the chlorine residual in the distribution system?	9th St. 0.5 MG Tank effluent -1.60 mg/l 9th St. 1 MG Tank- 1.90 mg/l Lassen Tank - 1.60 mg/l	
5. Did the treatment plant effluent lose chlorine residual? If yes, how long?	No	
6. Did the distribution system lose chlorine residual? If yes, how long?	No	
7. If you provide continuous chlorination treatment, was there any equipment failure?	No	
8. Inspect each point where disinfectant is added and report findings	All tanks appear normal	
a. For hypochlorinator systems		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

1. Is the disinfectant feed pump feeding disinfectant?	Yes	
2. What is the feed rate of disinfectant in ml/minute?	70 ml/minute	
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/L of chlorine as HOCl)	12.5%	
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	Manufacture's Literature	
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?	1 day	When positive samples were taken the hypochlorite was 98 days old.
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	N/A	Disinfectant added at water plant clear well. Flow rate at 500 gpm,
7. What is the **total** chlorine residual measured immediately downstream from the point of application?	N/A	Only measure free chlorine residual
8. What is the **free** chlorine residual measured immediately downstream from the point of application?	2.90 mg/l at Treatment plant effluent	1.72 mg/l at furthest sample point in distribution system.
9. What is the contact time in minutes from the point of disinfectant application to the CT compliance point?	5/9/17 9th Street 1 MG Tank CT-221.4 9th Street 0.5 MG Tank CT-105.8 Lassen Tank- CT- 552.3	
10. Did the treatment plant experience any CT failure due to inadequate chlorine dosage? If yes, specify what happened?	No	
11. Did the treatment plant experience any CT failure due to inadequate contact time? If yes, specify what happened?	No	
12. Any additional observation/information?	No unusual observation	

DISINFECTION TREATMENT – OTHER THAN CHLORINATION*	PLANT (NAME)	COMMENTS
1. If you provide disinfection treatment other than chlorination, was there any equipment failure?	No other disinfection treatment. No equipment failures	
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?	No	
2. Did the distribution system lose disinfectant residual?	No	
3. Was emergency chlorination initiated?	No	
If Yes, when?		
4. Inspect each point where disinfectant is added and report	No unusual observation	
a. For **UV** disinfection systems	N/A	
1. Is the disinfectant equipment working properly?	N/A	

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DISINFECTION TREATMENT – OTHER THAN CHLORINATION*	PLANT (NAME)	COMMENTS
	N/A	
2. What is the dosage of disinfectant?		
3. By what method was the feed rate/residual concentration determined? (ex: measured, manufacturer's literature)	N/A	
4. What is the age of the UV lamps currently being used at this treatment location?	N/A	
5. What is the raw water flow rate at the point where disinfectant is added?	N/A	

*If you have additional disinfection treatments not listed above, please review and provide information on that facility.

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	9th St. 0.5 MG	9th St. 1 MG	Lassen 1 MG		
1. Is each tank locked to prevent unauthorized access?	Yes	Yes	Yes		
2. Are all vents of each tank screened and down-turned to prevent dust and dirt from entering the tank?	Yes	Yes	Yes		
3. Is the overflow on each tank screened?	Yes	Yes	Yes		
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	No	No	No		
5. Are there any visible leaks in the tanks? Is the exterior of the tank corroded?	No	No	No		
5. Is the roof/cover of the tank sealed and free of any leaks?	Yes	Yes	Yes		
6. Is the tank above ground or buried?	Above	Above	Above		
a. If buried or partially buried, are there provisions to direct surface water away from the site?	N/A	N/A	N/A		
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	Yes	Yes	Yes		Lassen Tank - 1/23/16 9th St. 0.5 MG - 1/22/16 9th St. 1.0 MG-1/22/16 Water Plant Clear Well - 2/5/16.
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	Separate	Separate	Separate		
8. What is the **measured** chlorine residual (*circle* total / free) of the water exiting the storage tank **today**? Mg/l	1.4 mg/l	2.30 mg/l	2.50 mg/l		
9. What is the volume of the storage tank in gallons? How old is the tank?	9th St. 0.5 MG 1985	9th St. 1 MG 2002	Lassen 1 MG 1992		

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	9th St. 0.5 MG	9th St. 1 MG	Lassen 1 MG		
10. Is the tank baffled?	No	No	No		
11. Prior to the TC+ or EC+, what was the previous date items #1-7 were checked and documented?					Numbers 1, 3, 4, 6 and 7- daily. Numbers 1.2 5 and 5- December 2016

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	N/A				
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder(s) is water logged?					
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	53 psi
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	No
3. Has the distribution system been worked on within the last week (service taps, hydrant flushing, main breaks, main extensions, etc.)? If yes, provide details.	No
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	No
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes, distribution system inspected daily. No mainline leaks.
6. If there was a mainline leak, when was it repaired?	No
7. On what date was the distribution system last flushed?	8/8/16
8. Is there a written flushing procedure you can provide for our review?	Yes - Part of Operations Plan
9 Do you have an active cross connection control program?	Yes

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	Fernando Saenz 559 623-2457
11. Have all backflow prevention devices in the distribution system been tested annually and if they did not pass, were they repaired/replaced and retested?	Yes
12. On what date was the last physical survey of the system done to identify cross-connections?	9/28/2016

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	Yes. Nine total booster pumps.
2. Do you have a standby booster pump if the main pump fails?	Yes
3. Prior to bacteriological quality problems, did your booster pump fail?	No
4. Do you notice standing water, leakage at the booster station?	No

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)	16 inches	18 inches	18 inches	
2. Is the sample tap located in an **ext**erior location or is it protected by an **enc**losure?	Protected	Exterior	Exterior	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	No threaded	Threated	Threated	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes	Yes	Yes	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes	Yes	Yes	
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings. other contaminants or spray irrigation systems)?	Yes	Yes	Yes	
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes	Yes	Yes	
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Flushed water, swabbed with disinfectant	Flushed water, swabbed with disinfectant	Flushed water, swabbed with disinfectant	
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	Yes	Yes	Yes	
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	Yes	Yes	Yes	

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SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?	Sunny, with moderate winds	Sunny, with moderate winds	Sunny, with moderate winds	

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	Yes- Informal training held in June 2016. Certified training held on March 30, 2015.
2. Does the water system have a written sampling procedure and was it followed?	Yes
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	No
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	No
5. Does the system have backup power or elevated storage?	Elevated storage
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	No
7. What were the symptoms of illness if you received complaints about customers being sick?	No

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SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

Deficiency #	Deficiency Description
1.	After questioning sample takers, it appears there was no adverse conditions, except moderate winds. After investigation it appears a sampling or laboratory error was the cause of the positive total coliforms. There was approximately an 11-12 hour time difference between sampling time and lab received time.
2.	Due to drought, hydrants have not been flushed since 8/8/16.
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

Deficiency #	Corrective Action	Completion/Proposed Date
1.	Scheduling certified sampling class.	7/15/16
2.	City is waiting to order hydrant dechlorinator valve after start of next fiscal year in July 2017. Once purchased, hydrant flushing will be done according to the Operations Plan; which call for entire system flushing annually and dead end flushing quarterly.	8/1/17
3.	Staff will collect daily chlorine residual at farthest point in distribution system.	6/1/17
4.		
5.		

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: Dennis Longhofer **TITLE:** PW Director **DATE:** 6/2/17

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.

- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.